



# PROVIDER INQUIRER

April 1<sup>st</sup>, 2005

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

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## Electronic Funds Transfer (EFT)

To be able to receive State of Michigan payments via EFT, providers must complete the following steps:

1. Access the Internet and log onto the Contract & Payment Express (C&PE) Web site at [www.cpexpress.state.mi.us](http://www.cpexpress.state.mi.us).
2. Follow the C&PE steps to request a password. The password will be mailed to you via U.S. mail.
3. When you receive your password, access the C&PE website again and follow the steps to sign up to receive payments via EFT.
4. Take the Web site EFT authorization form that you completed and printed to your bank for verification and a signature. Then sign and mail the form to the address on the form.
5. Within two or three weeks after the form is mailed, you should start to receive payments via EFT.

If you have questions regarding this process, contact the Vendor Payee Help Desk at 1-888-734-9749.

## Medicare Deductible (420 Rejections)

Providers billing electronically were receiving a 420-rejection edit due to the Medicare deductible.

The 420-rejection edit states the amount applied to the Medicare deductible exceeds the yearly Medicare deductible.

Michigan Medicaid has increased the deductible amount in our system and this edit will no longer set. If you received this rejection edit in error, please resubmit your claims at this time.

Any questions, please contact our Provider Inquiry Unit at 1-800-292-2550.



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## Michigan Medicaid Health Plans

Medicaid Health Plans (MHPs) are managed care organizations (HMOs) that provide services to about 75% of the Medicaid persons in Michigan. The State has been doing some type of managed care for many years but the first contract with the MHPs began in 1997.

Currently, the State contracts with 16 MHPs and at least one MHP is available in 81 out of Michigan's 83 counties. The Managed Care Plan Division in the Medical Services Administration in DCH monitors the contract between the State and the MHPs. To accomplish this, the Division maintains four main activities:

- Monitor the health plan's compliance with the contract
- Resolve discrepancies in reimbursement
- Solve problems concerning enrollment/ disenrollment
- Act as the liaison between the State and the health plan

Part of these activities involve giving assistance to Medicaid providers in various areas:

- Reimbursement – correct and timely
- Authorizations – direct providers to correct entity for obtaining authorization
- Contracting – provide information and respond to inquiries

Providers report many advantages to contracting with the MHPs. Here are a few benefits of maintaining a contract:

- Training and information: Answers to your questions before you ask!
- Transportation to covered services: Easier for your patients and fewer missed appointments for your practice
- PCPs establish a “medical home”: Improved coordination of care
- Fewer authorization requirements: Saving your practice time and effort
- Provider relations: Your practice is assigned a specific person to help you with all your questions
- Electronic billing: Claims processing is easier and faster
- Toll Free numbers: Some even have 24 hour hotlines for providers to obtain information

To learn more about MHPs, the areas in the State that each MHP serves or obtain contact information, visit MDCH's web site [www.michigan.gov/mdch](http://www.michigan.gov/mdch). To reach the MHP information, click on Health Care Coverage, then click on Medicaid, and then scroll to the information regarding Medicaid Health Plans.



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What's  
New



## Adult Foster Care Providers

The MI AuthentiCare System will be used to bill for personal care services and the room and board covered by State Disability Assistance effective **April 1, 2005**.

All AFC providers were mailed a 5 digit PIN that is needed to complete their billings. If providers operate more than one home they will receive a separate PIN for each home. Each home will need to use the unique PIN and bill separately for each home. Providers may choose to bill their claims through a free telephone call or online.

Providers may bill for services by dialing a toll free telephone number (1-877-342-5660) to report the beneficiaries that were in the home during the previous month. This Interactive Voice Response (IVR) system will be available 24 hours a day, 365 days a year. To use the IVR providers will need their 7-digit Medicaid Provider Number and the 5-digit PIN assigned to their home.

If providers choose to use the website to bill they will need their 7-digit Medicaid Provider Number and the 5-digit PIN to register. When providers register on the website they will create their own user name and password. To learn how to register to use the website refer to the MI AuthentiCare AFC Manual available at the MDCH website. The first date providers will be able to register on the Web is April 1, 2005. Providers can begin using the Web as soon as they have registered.

Once the new billing system is implemented providers will do all billings through MI AuthentiCare. **AFC Providers WILL NO LONGER RECEIVE OR BE ABLE TO SUBMIT PAPER INVOICES AFTER FRIDAY, MARCH 25, 2005.** All billing must be done using the MI AuthentiCare application. If invoices are received after this date they will be returned with a memo explaining they must use the MI AuthentiCare system

For questions or additional training information please contact the Provider Inquiry Unit at 1-800-292-2550, or visit the MDCH website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) >> Providers >> Information for Medicaid Providers >> MI Authenticare.



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## Medicaid Fee Screens Updates

Due to recent systems changes that affect the production of the Medicaid fee screen databases, the January 2005 databases are still not available.

Until production issues can be resolved, providers should utilize the most recent databases posted on the MDCH website along with the MSA policy bulletins related to the January 2005 CPT/HCPCS updates.

The database production problems do not impact the processing of claims. As soon as the databases are available, notification to providers will be made through our website.

Also, the fee screen updates normally implemented for April 1, are being delayed until May 1. Fees published at that time will include the reductions described in bulletin MSA 05-22 issued April 1.

Medicaid appreciates the patience and cooperation of all providers at this time.

If you have any questions, you may contact our Provider Inquiry Line at 1-800-292-2550.

## Returned Checks

Through the warrant roll-up process, certain instructions were given for providers that are returning checks. Medicaid has become aware that these instructions are not being followed and it is causing incorrect amounts on the 1099's.

Any providers that are sending in checks and need their next 1099 to be correct you MUST include your Tax Identification Number or the Social Security Number on the check.

Without this information on the check, the State of Michigan will deposit the check, but the providers 1099 will not be corrected.

If you have any questions on this process, you may contact the Provider Inquiry Line at 1-800-292-2550.

